U.S. Department of Labor

ffic of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal procedution/fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	•
E (APR 10203	
	-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E APRIO203	• .
1. File Number U .: //0/6	2. Fiscal Year Covered From:
/-/ /	1/1/2005 Through: 12/31/2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John E NAgethout	Name LOCA/ # 100 Mi. REGIONAL CARPENTERS
,	Labor Organization File Number 034-175
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10219 MAPLE Hill Rd.	Street 140 N. 64 & Ave.
city Howard City	City Coopersuille
State MichigAN ZIP Code + 4 49329	State Michigan ZIP Code + 4 49404
5. Position in labor organization. FINANCIA! SECRE?	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represent or is actively seeking to represent. 7.a. Nature of laterest, Transaction, or Income.
6. Name and address of Employer (including trade name, if and the control of the	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The American
Street :	7.b. Amount.
City '	
The state of the s	1
State ZIP Code + 4	
	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (Including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Jahn Magall-+	On 3-30-06 6/6-837-/500 Date Telephone Number

Name of Person Filing John / UAGE/how)	<i>ֈ</i>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	:3
8. Name and address of Business (including trade name, if any). Name LOCA #100 FRINGE BENITIT FUNDS Trade Name, if any: CARPENTER P.O. Box, Bldg., Room No., if any Street 6525 CENTURION DRIVE City LANSING State Michigan ZIP Code + 4 48917	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	AND RECIEVE	HEAlth CARE FUND, d REIMBURSEMENTS FOR AND MEETING EXPENSES.
City State ZIP Code + 4		The second of th
	12.b. Amount.	405.72
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Roorn No., if any Street City State		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing John Nagethout	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name LOCA/#100 FRINGE BENIFIT Funds Trade Name, if any: CARPENTER P.O. Box, Bldg., Room No., If any Street 6525 CENTURION DRIVE City LANSING State Michigan ZIP Code +4 48917	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUSTEE OF PENBION FUND, RECIEVED REIMBURSEMENTS FOR CONFERENCE AND MEETING EXPENSES. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. All Reimburse MENTS ARE FOR EXPENSES directly incurred in My CAPACITY AS A TRUSTEE.			
	12.b. Amount. 545.82			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.			
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling John MAGE/hout		File Number U-		
B. Held an interest in or derived Income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name LOCA/ #100 FRINGE BENITIT FUNCS	E.C.			
Trade Name, if any: CARPENTER	a. Labor Organizat	ion		
P.O. Box, Bidg., Room No., if any	c. Employer	,		
Street 6525 CENTURION DRIVE	t			
CITY LANSING				
State MichigAN ZIP Code + 4 48917				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deallr			
Name	TRUSTEE OF	AppRENTICE Ship Fund, de Reimbursements		
Trade Name, if any:	AND RECIEVE	RENCE AND MEETING		
P.O. Box, Bldg., Room No., if any	FOR CONTER	RENCE HING MEETING		
Street	11.b. Approximate dollar valu	o of cuch dealing		
City :	12.a. Nature of interest held	The same of the sa		
State ZIP Code + 4	All Reimb	URSEMENTS ARE FOR		
	MY CAPACIT	iRECTLY INCURRED IN Y AS A TRUSTEE.		
	My CAPACIT	J.		
	EXPENSES A MY CAPACIT	y AS A TRUSTEE.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. r parts A and B above) or other thing of value.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. r parts A and B above) or other thing of value.	J.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. r parts A and B above) or other thing of value.	J.		